

Safety Seat Shipment Verification FAX FORM

Low-Income Safety Seat Distribution and Education Program
FAX: (804) 864-7748



TO: Marcia Franchok-Hill
Virginia Department of Health
Injury and Violence Prevention Program
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Richmond, VA 23219
(804) 864-7737

Site Contact Name: _____

Site Name: _____

Address: _____

Phone No.: __ (____) _____ Fax No: __ (____) _____

E-mail: _____

Revised: September 2015

(Both types of seats are shipped two per box; report on number of seats not boxes)

Date Shipment Received: ____/____/____

Number of ***Titan65 Convertible*** Seats Received: _____

Number of ***Maestro Booster*** Seats Received: _____

Number of ***Titan65 Convertible*** Seats Refused Due to Damage: _____

Number of ***Maestro Booster*** Seats Refused Due to Damage: _____

Number of ***Titan65 Convertible*** Seats Missing from Shipment: _____

Number of ***Maestro Booster*** Seats Missing from Shipment: _____